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GP 1623

Practitioner Docket No. 100700.0015US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TECH CENTER 1600/2900

In re application of: Miljkovic

Application No.: 09/927,764

Group No.: 1623

Filed: August 9, 2001

Examiner: J. Wilson

For: METHODS AND COMPOSITIONS FOR COLLAGEN HOMEOSTASIS

Box Non-Fee Amendment
Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 do not apply.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING



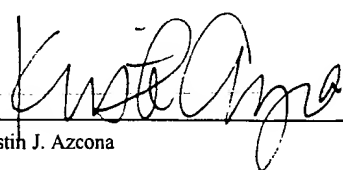
deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

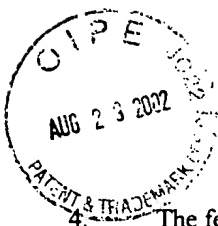


transmitted by facsimile to the Patent and Trademark Office.

Date: August 22, 2002


Kristin J. Azcona

(Amendment Transmittal--page 1 of 2)



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FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	20	Minus	20	= 0	x \$18 =	\$0
Indep.	2	Minus	3	= 0	x \$84 =	\$0
First Presentation of Multiple Dependent Claim					+ \$280 =	\$0
Total					Addit. Fee	\$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,
 - ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 - *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

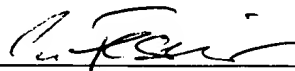
No additional fee for claims is required.

6. Enclosed is a terminal disclaimer for US 6080425. Please charge the deposit account 502191 for the filing fee under 37 CFR 1.20(d) for \$55.00.

FEE DEFICIENCY

7. If any additional extension and/or fee is required, charge Account No. 502191.
If any additional fee for claims is required, charge Account No. 502191.

Date: August 8, 2002


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